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SERIAL NUMBER 09/989,677	FILING DATE 11/20/2001 RULE	CLASS 315	GROUP ART UNIT 2828	ATTORNEY DOCKET NO. C01104/70095
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APPLICANTS

Kevin Dowling, Westford, MA;
 Frederick Morgan, Quincy, MA;
 Brian Chemel, Salem, MA; Adriana Mincheva, Quincy, MA;
 Ihor A. Lys, Boston, MA;

** CONTINUING DATA *****

This application is a CIP of 09/669,121 09/25/2000 PAT 6,806,659
 which is a CON of 09/425,770 10/22/1999 PAT 6,150,774
 which is a CON of 08/920,156 08/26/1997 PAT 6,016,038

This application 09/989,677
 is a CIP of 09/215,624 12/17/1998 PAT 6,528,954
 and is a CIP of 09/213,607 12/17/1998 ABN
 and is a CIP of 09/213,189 12/17/1998 PAT 6,459,919
 and is a CIP of 09/213,581 12/17/1998
 and is a CIP of 09/213,540 12/17/1998 PAT 6,720,745
 and is a CIP of 09/333,739 06/15/1999
 and is a CIP of 09/742,017 12/20/2000 ABN
 which is a CON of 09/213,548 12/17/1998 PAT 6,166,496

This application 09/989,677
 is a CIP of 09/815,418 03/22/2001 PAT 6,577,080
 which is a CON of 09/213,548 12/17/1998 PAT 6,166,496
 This application 09/989,677
 is a CIP of 09/626,905 07/27/2000 PAT 6,340,868
 which is a CON of 09/213,659 12/17/1998 PAT 6,211,626

This application 09/989,677
 claims benefit of 60/071,281 12/17/1997
 and claims benefit of 60/068,792 12/24/1997
 and claims benefit of 60/078,861 03/20/1998
 and claims benefit of 60/079,285 03/25/1998
 and claims benefit of 60/090,920 06/26/1998
 and claims benefit of 60/252,004 11/20/2000
 and claims benefit of 60/262,022 01/16/2001
 and claims benefit of 60/268,259 02/13/2001
 and claims benefit of 60/262,153 01/17/2001
 and claims benefit of 60/296,219 06/06/2001

** FOREIGN APPLICATIONS ***** *None*

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	STATE OR COUNTRY MA	SHEETS DRAWING 22	TOTAL CLAIMS <i>74 34</i>	INDEPENDENT CLAIMS <i>18 10</i>
Verified and Acknowledged Examiner's Signature	<i>Maria P. O'Boyle</i>		Initials <i>bj</i>				

ADDRESS
 37462
 LOWRIE, LANDO & ANASTASI
 RIVERFRONT OFFICE
 ONE MAIN STREET, ELEVENTH FLOOR
 CAMBRIDGE , MA
 02142

TITLE
 Information systems

FILING FEE RECEIVED 1593	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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